

**MULTIPLE DEPENDENT CLAIM
PER CALCULATION SHEET
(FOR USE WITH FORM 750-550)**

Serial No.
10-0-30,680

Classification

LINE NO.	AS FILED		AS AMENDED		AS REAMENDED		CLAIMS			
	IND.	SEP.	IND.	SEP.	IND.	SEP.	IND.	SEP.	IND.	SEP.
1	1									
2										
3		100								
4		451								
5		100								
6		451								
7		700								
8		201								
9		100								
10		451								
11		700								
12		100								
13		451								
14		700								
15		201								
16		100								
17	1		1		1					
18										
19	1		1		1					
20	1		1		1					
21	1		1		1					
22	1		1		1					
23	1		1		1					
24	1		1		1					
25	1		1		1					
26	1		1		1					
27	1		1		1					
28	1		1		1					
29	1		1		1					
30	1		1		1					
31	1		1		1					
32	1		1		1					
33	1		1		1					
34	1		1		1					
35										
36										
37										
38										
39										
40										
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
51										
52										
53										
54										
55										
56										
57										
58										
59										
60										
61										
62										
63										
64										
65										
66										
67										
68										
69										
70										
71										
72										
73										
74										
75										
76										
77										
78										
79										
80										
81										
82										
83										
84										
85										
86										
87										
88										
89										
90										
91										
92										
93										
94										
95										
96										
97										
98										
99										
100										
TOTAL	10		2		2					
TOTAL	25		4		2					
TOTAL	35		6		4					